

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026646

116

3020

169

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED AUG 6 1962

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/591 1965
2 1965

3 2

4 0

5 1

6

7 0

8 0

9 148X

10

11

12 2-0

13 5-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Washington

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Francis Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Franklin

c. CITY

OR TOWN

Washington

Inside Limits

Yes ☒ No ☐

d. STREET

8th. & High Sts.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Herman John Wildt

4. DATE

OF DEATH

Month

Day

Year

Aug. 3, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2/7/1901

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

5

26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machine Worker

10b. KIND OF BUSINESS OR INDUSTRY

Shoe Factory, Leslie, Missouri

11. BIRTHPLACE (City and state or country)

U. S. A.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Charles Wildt

13b. MOTHER'S MAIDEN NAME

Mary Fleier

14. NAME OF HUSBAND OR WIFE

Catherine Wildt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Catherine Wildt, Washington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the throat with metastasis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

b/s/s/s to various parts of the body.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 1962 Aug and last saw him alive on Aug 3, 1962

Death occurred at 10:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. J. Dool M. E.

22b. ADDRESS

Washington, Mo.

22c. DATE SIGNED

8/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial Aug. 7, 1962 St. Francis Cemetery

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Washington, Missouri

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

Neuberg & Co., Inc., Washington, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

8/4/62

26. REGISTRAR'S SIGNATURE

Leola C. J. Hickman

(Licensed Embalmer's Statement on Reverse Side)

2961 6 AUG

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.